


本表格必须以英文填写。如果有必要，您应该取得帮助以用英文完成本表格。

WAIVER OF COUNSEL 放弃代理辩护权声明		DOCKET NUMBER/ 案卷编号	Trial Court of Massachusetts District Court Department 马萨诸塞州审理法院 地方法院部	
COURT DIVISION/ 法院分部	COMMONWEALTH VS 马萨诸塞州 诉 NAME OF DEFENDANT 被告姓名			
WAIVER OF COUNSEL 放弃代理辩护权声明				
<p>I, the above named defendant, have been informed of my right to have a lawyer represent me at every stage of the proceedings in this case, and that if I cannot afford to hire my own lawyer, this Court will assign the Committee for Public Counsel Services to provide representation for me. KNOWING THAT I HAVE A RIGHT TO HAVE A LAWYER REPRESENT ME, I NEVERTHELESS ELECT TO PROCEED IN THIS MATTER WITHOUT A LAWYER AND WAIVE MY RIGHT TO SUCH A LAWYER.</p> <p>本人系上列被告，已被告知本人在本案诉讼的每个阶段均有权由律师代表本人，并且如果本人无力自行雇请律师，则本法庭将指派公共代理服务委员会为本人提供代理。本人知晓本人有权由律师代表本人，但本人依然选择在没有律师的情况下参与本案的诉讼，并放弃雇请律师的权利。</p>				
_____ DATE 日期		_____ SIGNATURE OF DEFENDANT 被告签名		
_____ DATE 日期		_____ SIGNATURE OF PARENT/GUARDIAN OF JUVENILE 青少年家长/监护人签名		